

OFFICE OF COUNTY CLERK, COLLIN COUNTY, TEXAS
200 S. MCDONALD, ANNEX A, SUITE 120 MCKINNEY, TEXAS 75069

**ASSUMED NAME CERTIFICATE
OF OWNERSHIP FOR INCORPORATED BUSINESS OR PROFESSION**

NOTICE: "CERTIFICATES OF OWNERSHIP" ARE VALID ONLY FOR A PERIOD NOT TO EXCEED 10 YEARS FROM THE DATE FILED
IN THE COUNTY CLERK'S OFFICE. (Chapter 36, Title 4- Business and Commerce Code)

1. _____
Name under which Business or Professional service(s) is/are or will be conducted. (Please Print or Type)
2. _____
Principal Address (Physical address, no P.O. Box) City State Zip
3. _____
The name of the incorporated Business or Profession as stated in its Articles of Incorporation or comparable document and the charter number or certificate of authority number, if any, is _____.
4. The state, country, or other jurisdiction under the laws of which it was incorporated is: _____,
and the address of its registered or similar office in that jurisdiction is: _____

City State Physical Address (no P.O. Box)
Zip
and the name of its registered agent at such address: _____.
5. The corporation is a: (Check applicable one)
_____ Business Corporation _____ Non-profit Corporation _____ Professional Corporation
_____ Professional Association _____ Other (specify) _____
6. The period, not to exceed ten(10) years, during which this assumed name will be used is: _____ years.
7. The county or counties where business or professional services are being or are conducted or rendered under such assumed name are (if applicable, use the designation "all" or "all except") _____.
8. If this Instrument is executed by the attorney-in-fact, the attorney-in-fact hereby states that he has been duly authorized, in writing, by his principal to execute and acknowledge this instrument.

By: _____
Signature and Title of Officer, Representative, or Attorney-in-fact

THE STATE OF TEXAS }

COUNTY OF _____ }

BEFORE ME, _____,
in and for said County and State, on this day personally appeared

_____,
known to me to be the person whose name subscribed to the foregoing
instrument, and acknowledged to me that he/she executed the same for
the purpose therein expressed.

Given under my hand and seal of office, this ____ day of _____, 20 ____

(Seal)

(Printed Name of Notary or County Clerk)

(Signature of Notary or Deputy Clerk)